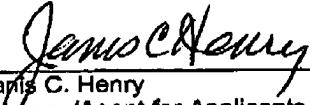


VIA FACSIMILE: 703-872-9308
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6 pages

DEC 17 2004

PATENT APPLICATION

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL				Attorney's Docket No: 3151-A		
Serial No.	Filing Date	Examiner	Group Art Unit			
10/061,727	October 26, 2001	R. Li	1646			
In Re Application of John E. Sims and Dirk E. Smith For IL-1 RECEPTOR ACCESSORY PROTEIN						
TO THE COMMISSIONER FOR PATENTS:						
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):						
<input type="checkbox"/> One month of original due date (\$120.00) <input type="checkbox"/> Two months of original due date (\$450.00) <input checked="" type="checkbox"/> Three months of original due date (\$1,020.00) <input type="checkbox"/> Four months of original due date (\$1,590.00) <input type="checkbox"/> Five months of original due date (\$2,160.00)						
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.						
<input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:						
CLAIMS AS AMENDED						
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	Minus		=	0	x \$50	= \$ 0.00
Indep. Claims	Minus		=	0	x \$200	= \$ 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim						+ \$360 = \$ 0.00
Total Additional Fee for this Amendment						\$ 0.00
* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.						
<input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____						
<input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$1020.00. A duplicate copy of this petition is attached. <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.						
<u>Please Send Future Correspondence To:</u> 22932 Immunex Corporation Law Department 1201 Amgen Court West Seattle, Washington 98119-3105 (206) 265-7000						
 Janis C. Henry Attorney/Agent for Applicants Registration No.: 34,347 Phone: (206) 265-7189 Date: December 17, 2004						

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below.

Signed: Nanci M. Kertson
Nanci M. Kertson

Date: Dec. 17, 2004

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6 pages

PATENT APPLICATION

DEC 17 2004

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL

Attorney's Docket No: 3151-A

Serial No.	Filing Date	Examiner	Group Art Unit
10/061,727	October 26, 2001	R. Li	1646

In Re Application of John E. Sims and Dirk E. Smith
For IL-1 RECEPTOR ACCESSORY PROTEIN

TO THE COMMISSIONER FOR PATENTS:

Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):

One month of original due date (\$120.00)
 Two months of original due date (\$450.00)
 Three months of original due date (\$1,020.00)
 Four months of original due date (\$1,590.00)
 Five months of original due date (\$2,160.00)

A response in connection with the matter for which this extension is requested:

is filed herewith.
 has been filed.
 The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.

The accompanying papers include amended claims for which no additional fee is required.
 The accompanying papers include amended claims the fee for which has been calculated as follows:

CLAIMS AS AMENDED

(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	Minus	=	0	x \$50	= \$ 0.00	
Indep. Claims	Minus	=	0	x \$200	= \$ 0.00	
<input type="checkbox"/> First Appearance of a multiple dependent claim				+ \$360	= \$ 0.00	
Total Additional Fee for this Amendment						\$ 0.00

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.

The following other fees are incurred by the accompanying papers.

Other: _____

Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$1020.00. A duplicate copy of this petition is attached.

If an additional extension of time is required, please consider this a request therefore.

The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.

Please Send Future Correspondence To:

22932

Immunex Corporation
Law Department
1201 Amgen Court West
Seattle, Washington 98119-3105
(206) 265-7000*Janis C. Henry*Janis C. Henry
Attorney/Agent for Applicants
Registration No.: 34,347
Phone: (206) 265-7189
Date: December 17, 2004

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below.

Signed: *Nanci M. Kertson*
Nanci M. KertsonDate: *Dec. 17, 2004*

Appl. No. 10/061,727
Amdt. dated December 17, 2004
Resp. to Advisory Action dated Sept. 9, 2004

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DEC 17 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Application of:

John E. Sims and Dirk E. Smith

Attorney Docket No. 3151-A

Serial No.: 10/061,727

Group Art Unit: 1646

Filed: October 26, 2001

Examiner: Li, Ruixiang

For: IL-1 Receptor Accessory Protein

MAIL STOP AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Amendment and Response
To Advisory Action

Dear Sir:

Responsive to the Advisory Action mailed September 9, 2004 in connection with the above-identified US patent application, Applicants amend the application as follows:

Amendments to the Claims start on page 2 of this paper.

Remark begin on page 4 of this paper.